Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _

RECEIVED

JAN 2 9 2007

IDFPR (MPC)
DIVISION OF INSURANCE
May SPENOFIELD

| (1) | (2) Annual Premium | (3) Percent |
|---|--|---|
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine | | |
| 12. Homeowners 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation Line of Insurance | 2,539,689 | -2.8 |
| Brief description of filing. (If filing follows rates, change our deviation from 1.02 to be effective May 1, 2007. | (territories) or certain classes? If so, specify: s rates of an advisory organization, specify o 1.00 and adopt the seven hazard groups refe | rganization): Delay adoption of NCCI |
| Adjusted to reflect all prior rate changes *Change in Company's premium level v | s. hich will result from application of new rates. | |
| | | e Insurance Company lame of Company |
| | Tracy Upco | tt - Compliance Analyst I Official - Title |

DIVISION OF LISURGE STATE OF ILLINOIS, IDEPR

ILLINOIS SUMMARY SHEET

FORM RF-3

| (1) | (2) | (3) |
|--|-----------------------------------|---|
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or –)** |
| 1. Automobile Liability | volume (iiiiiois) | Change (+ or -) |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | 1 |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage DIVISION OF INSURANCE | | |
| 11. Inland Marine STATE OF ILLINOIS/IDFPR | | |
| 12. Homeowners | \ | |
| 13 Commercial Multi-Paril | | |
| 14. Crop Hail JUN 0 1 2007 | | |
| 15. Workers Compensation | 916.899 | -5% |
| 10.00 | 010,000 | |
| Line of Insurance SPRINGFIELD, ILLINOIS | | |
| | - | |
| | | |
| oes filing only apply to certain territory (territories) or certain clas | sses? If so, specify | N/A |
| | | |
| | | |
| rief description of filing (if filing follows rates of an advisory orga | nization, specify organiz | ation) AmGUARD will be |
| | | - |
| nplementing a deviation of -5% from the January 1, 2007 NC | CI advisory rates effe | citve June 1, 2007. |
| | | |
| | | |
| | | |
| * Adjusted to reflect all prior rate changes. | C | |
| ** Change in Company's premium level which will result from appl | lication of new rates. | |
| | | |
| | | AmGUARD Insurance Company |
| | | Name of Company |
| | | |
| | | · ···································· |
| | Grea H | archar, State Filings Representati |

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB: 07/30/07 Ren: 07/30/07

| | (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)" |
|-------------------|---|---------------------------------------|--|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 4. 5. | Liability Other Than Auto Burglary and Theft Glass Fidelity | | |
| 7. 8. 9. | Surety Boiler and Machinery Fire | | |
| 11. 12. 13. | Extended Coverage Inland Marine Homeowners Commercial Multi-Peril | | |
| 14. | Crop Hail | \$18,393,338 | -0.3% |
| | s filing only apply to certain cify: NO | territory (territories) or | certain classes? If so, |
| spec | ef description of filing. (If cify organization): We are implement the are implementable and the entire premium in full. | menting a 5% discount for a | an advisory organization, ll policyholders who choose |
| · Ad | justed to reflect all prior rate nange in Company's premium level | changes. | lication of new rates. |
| | | Auto-Ow | ners Insurance Company Name of Company |
| 3000 |)4 (6-77) | Jennife | or L. Smith, Administrator Official - Title |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUL 3 0 2007

SPRINGFIELD, ILLINOIS

DIVISION CITION STATE OF ILL NOISY DEPR

AUG 0 1 2007

1.

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3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.

FORM (RF-3)

SUMMARY SHEET

SPRINGFIELD Hange to Company's premium or rate level produced by rate revision effective August 1, 2007

| (1) | (2) Annual Premium | (3) Percent |
|---|------------------------------|---------------------------|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | _ | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Worker's Compensation | 460,810 | +15.1 |
| Life of Insurance | | |
| Doos filing only apply to cortai | n torritory (torritorios) en | a cuta in |
| Does filing only apply to certai Classes? If so. | n tentiory (territories) or | certain |
| specify: No | | |
| <u></u> | <u> </u> | |
| Brief description of filing. (If fil | ing follows rates of an ac | dvison |
| Organization, specify | ing lonows rates or all at | 141301 y |
| organization): | Adopting | the |
| NCCI January 2007 advisor | | |
| | | |
| *Adjusted to reflect all prior rat | te changes. | |
| **Change in Company's premi | ium level which will resul | t from application of new |
| rates. | | • • |
| | Iowa Ameri | can Insurance Company |
| • | | me of Company |
| | | rber - Compliance |
| | (| Official – Title |

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

AUG 0 1 2007

SPRINGFIELD, ILLINOIS

| - - | · (1) | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|--------|--|---|------------------------------|
| | Coverage Automobile Liability Private | | Change (+or-) |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| - | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| • | Fire | | |
| 0. | Extended Coverage | | ····· |
| 1. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| 5. | Other Worker's Compensation Life of Insurance | 2,323,281 | +15.1 |
| | Does filing only apply to certain Classes? If so, | in territory (territories) or | certain |
| | specify: | NO | |
| | Brief description of filing. (If file Organization, specify | ling follows rates of an a | dvisory |
| | organization): | Adopting the | <u> </u> |
| | NCCI January 2007 advis | sory loss costs | |
| | | | |
| | *Adjusted to reflect all prior ra **Change in Company's premates. | te changes jum level Which will resc | It from application of nev |
| | 10162. | Iowa Mutual | Insurance Co |
| | | Na | ime of Company |
| | • | | ber - Compliance |
| | | | Official - Title |

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MAY 1 8 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

| (| Change in Company's premium or rate | level produced by rate revision effective | June 1, 2007 |
|----------------------------|---|--|-------------------------------|
| | (1) Coverage | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | 100 | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Comp | 2,742,019 | -18.8% |
| | Line of Insurance | | |
| Revis and 7 Brief d Revis | te Loss Cost Multiplier for all class coods 360X. Rescription of filing. (If filing follows | ritories) or certain classes? If so, specify: des except for 7228, 7229, 7230, 7231, 738 rates of an advisory organization, specify des except for 7228, 7229, 7230, 7231, 738 | organization): |
| anu / | 300X. | | |
| ** Ch | djusted to reflect all prior rate changes. nange in Company's premium level who sult from application of new rates. | ich will JUN Lincoln | 1 2007 |

Actuarial Consultant

Official - Title

| | ILLINOIS SUMMAR FORM RF-3 | | |
|---|--|------------------------------|---|
| Change in Company | 's premium or rate level produced by rate | e revision effective: | 07/01/2007 |
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Private I Commer | Passenger | | |
| Private In Commercial | Machinery SPRINGFIELD, ILLINOIS | 14,039,183 | 5% |
| Does filing only app | ely to certain territory (territories) or certa | nin classes? If so, specify: | |
| Deviated rates for 18 | filing (if filing follows rates of any advis 8 classifications and new miscellaneous v 018, 8021, 8033, 8046, 8832, 9052, 9058 | alues. New rates for class | organization). ses 3145, 3632, 8001, 8006, |
| * Adjusted to ref ** Change in Com | lect all prior rate changes. pany's premium level which will result f | rom application of new rat | es. |
| | | | ance Company |
| , | | Name of | Company |
| | _ | Larry E. Hochstetler/ | VP lanning/Development |

Official - Title

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JAN - 8 2007

IDFPR (MPC)
DIVISION OF INSURANCE

ILLINOIS

ILLINOIS SUMMARY SHEET FORM RF-3

| Chang | e in Company's premium or rate level produced by rate | e revision effective: | 01-04-2007 |
|-------|--|-----------------------|-------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | <u> </u> |
| 9. | Fire OF INSURANCE | | |
| 10. | Extended Coverage DIVISION OF ILLINOIS/IDFPR | | |
| 11. | Fire Extended Coverage DIVISION OF INSURANCE Inland Marine United State Of ILLINOIS/IDEPR | | |
| 12. | | | |
| 13. | Commercial Multi Peril JAN 0 = 2007 | | |
| 14. | Crop Hail | | |
| 15. | Workers Compensation | s <u>14,247,237</u> | -1% |
| 16. | Workers Compensation Other: SPRINGFIELD, ILLINOI | | |
| | G. V. | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization). Midwest Insurance Company is filing our own company rates based on NCCI 2007 rates with some deviation.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company
Name of Company

Larry E. Hochstetler-VP Planning
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or –)** |
|---|--|--|
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril | VISION OF INSURANCE STATE OF ILLINOIS/IDFPR JUN 0 1 2007 SPRINGFIELD, ILLINOIS | Change (+ or –)* |
| 14, Crop Hail | SPRINGFIELD, ILLINOIS | |
| 15. Workers Compensation | 409,205 | 5% |
| 16. Other Line of Insurance | | |
| | mitories) or certain classes? If so, specify | N/A |
| | es of an advisory organization, specify orgar 2007 NCCI advisory rates without deviat | |
| | | |
| * Adjusted to reflect all prior rate cha ** Change in Company's premium lev | es. which will result from application of new rates. | |
| | | NorGUARD Insurance Company Name of Company |
| | Greg | Harchar, State Filings Representative Official — Title |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

SEP 0 1 2007

Form (RF-3)

SUMMARY SHEET

SPRINGFIELD, ILLINOIS

| |) 5r | VII 4 CT |
|---|----------------------------------|-------------------|
| Change in Company's premium revision effective Septemb | | oy rate |
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois) * | Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto 4. Burglary and Theft | | |
| 5. Glass 6. Fidelity | | |
| 7. Surety 8. Boiler and Machinery | | |
| 9. Fire 10. Extended Coverage 11. Inland Marine | | |
| 12. Homeowners 13. Commercial Multi-Peril | | |
| 14. Crop Hail 15. Other Workers Compensation | 220,000 | 7.6% |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: n/a Nu | territory (territories)or | certain classes? |
| | | |
| Brief description of filing. (If organization, specify organization | | an advisory |
| | using NCCI rates to descriptions | <u>-</u> |
| | , | 64 LCM TO NECT |
| * Adjusted to reflect all prior r | ate changes. JAN, 1, 2 | 007 Loss Cost. |

** Change in Company's premium level which will result from application of new rates.

Old Republic General Insurance Corporation

Name of Company

Deborah J Matthews - Assistant Vice President, Compliance
Official - Title

H29219D

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB: 07/30/07 Ren: 07/30/07

| (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois) | (3) Percent Change (+ or -)** |
|---|--|--|
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 6. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation. Line of Insurance | \$23,107,373 | -0.3% |
| Does filing only apply to certai specify: NO | | or certain classes? If so, |
| Brief description of filing. (I specify organization): We are imp to pay the entire premium in full. | lementing a 5% discount for | of an advisory organization, rall policyholders who choose |
| * Adjusted to reflect all prior ra ** Change in Company's premium leve | te changes. el which will result from a | application of new rates. |
| | | Owners Insurance Company Name of Company |
| 30004 (6-77) | Jenn | official - Title |

JUL 3 0 2007

SUMMARY SHEET

| (1) Annual Prenium Coverage Volume (Illinois)* 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Then 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular IL-2006-10; and revision of company rate deviation. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Narne of Company * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Narne of Company * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Narne of Company * Adjusted Manager Official - Title | (| Change in Company's premium or rate | level produced by rate revision effective | ve <u>08/01/2007</u> |
|--|-------------------------|---|---|--|
| Annual Premium Coverage Volume (Illinois)* Automobile Liability Private Passenger Commercial 3. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify organization): Adopting NCCI's Olio/2007 rates and rating values referenced in NCCI Circular IL-2006-11, NCCI Item B-1394 referenced in NCCI Circular IL-2006-02; NCCI Item B-1399 referenced in NCCI Circular IL-2006-10; and revision of company rate deviation. * Adjusted to reflect all prior rate changes. * Adjusted in Company's premium level which will result from application of new rates. Spring Field. Sompo Japan Ins. Co. of America Name of Company Spring Field. Sompo Japan Ins. Co. of America Name of Company Spring Field. Sompo Japan Ins. Co. of America Name of Company Shall Barclift, State Filings Manager Official - Title Official - Title | | (1) | (2) | (3) |
| Coverage Commercial Automobile Liability Private Passenger Commercial Liability Other Than Auto Liability Other Than Auto Liability Other Than Auto Burglary and Theft Glass Glass Ficielity State of Ficielity State of Ficielity Extended Coverage Homeowners Commercial Multi-Peril Comparcial | | (1) | | |
| Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Honeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization): Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular IL-2006-10; and revision of company rate deviation. * Adjusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Name of Company * Adjusted Insurance Sompo Japan Ins. Co. of America Name of Company * Adjusted Insurance Sompo Japan Ins. Co. of America Name of Company * Adjusted Insurance * Adjusted To reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. * Company * Adjusted Insurance * Adjusted Insurance * Adjusted Insurance * Adjusted Insurance * Adjusted To reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. * Adjusted Insurance * Adjusted Insurance * Adjusted Insurance * Adjusted Insurance * Adjusted To reflect all prior rate Changes. * Adjusted To reflect all prior rate Changes. * Adjusted Insurance Insuran | | <u>Coverage</u> | * | |
| Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Honeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization): Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular IL-2006-10; and revision of company rate deviation. * Adjusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Name of Company * Adjusted Insurance Sompo Japan Ins. Co. of America Name of Company * Adjusted Insurance Sompo Japan Ins. Co. of America Name of Company * Adjusted Insurance * Adjusted To reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. * Company * Adjusted Insurance * Adjusted Insurance * Adjusted Insurance * Adjusted Insurance * Adjusted To reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. * Adjusted Insurance * Adjusted Insurance * Adjusted Insurance * Adjusted Insurance * Adjusted To reflect all prior rate Changes. * Adjusted To reflect all prior rate Changes. * Adjusted Insurance Insuran | 1 | Automobile Liability | | |
| Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 1,673,908 -3.8% Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular IL-2006-10; and revision of company rate deviation. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Sempo Japan Ins. Co. of America Name of Company * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Name of Company * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Name of Company * Adjusted In Title Official - Title | 1. | | | |
| 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular IL-2006-10; and revision of company rate deviation. Private Passenger AUG 0 1 2007 SPRINGFIELD, ILLINOIS STATE Or ILLINOIS SPRINGFIELD, ILLINOIS STATE Or ILLINOIS STATE Or ILLINOIS SPRINGFIELD, ILLINOIS Sompo Japan Ins. Co. of America Name of Company Augusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Name of Company Augusted State Indiana. Sompo Japan Ins. Co. of America Name of Company Augusted State Indiana. Sompo Japan Ins. Co. of America Name of Company Augusted State Indiana. Sompo Japan Ins. Co. of America Name of Company Augusted State Indiana. Sompo Japan Ins. Co. of America Name of Company Augusted State Indiana. Sompo Japan Ins. Co. of America Name of Company | | - | | |
| Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular IL-2006-10; and revision of company rate deviation. Private Tassenger Commercial Multi-Peril State Private Privat | 2 | | | |
| Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 1,673,908 | 4. | | | |
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 1,673,908 -3.8% Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular II2006-11; NCCI Item B-1394 referenced in NCCI Circular III2006-02; NCCI Item B-1399 referenced in NCCI Circular III2006-10; and revision of company rate deviation. Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Name of Company Spring File D. ILLINOIS Sompo Japan Ins. Co. of America Name of Company Market Filings Manager Official - Title | | 3 | | |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 1,673,908 -3.8% Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular IL-2006-10; and revision of company rate deviation. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. Sompo Japan Ins. Co. of America Name of Company SPRINGFIELD, ILLINOIS Sompo Japan Ins. Co. of America Name of Company Selia Barclift, State Filings Manager Official - Title | 3 | • | | |
| 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 01/01/2007 rates and rating values referenced in NCCI Circular IL-2006-11; NCCI Item B-1394 referenced in NCCI Circular IL-2006-10; NCCI Item B-1399 referenced in NCCI Circular IL-2006-10; and revision of company rate deviation. * Adjusted to reflect all prior rate changes. | | | | Duzz |
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